SPECIAL COVID-19 SUPPLEMENT #5

DATE: NOVEMBER 12, 2020

TO: HOSPITALS, PHYSICIANS AND OTHER EMSA SERVICE BILLERS

FROM: NICOLE COMEAUX, J.D., M.P.H., MEDICAL ASSISTANCE DIVISION DIRECTOR

THROUGH: DEVI GAJAPATHI, BUREAU CHIEF, BENEFITS AND REIMBURSEMENT BUREAU

SUBJECT: COVID-19 EMERGENCY PROCESS FOR ELIGIBILITY AND CLAIMS RELATED TO THE EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA) PROGRAM

In response to the National Public Health Emergency associated with the 2019 Novel Coronavirus (COVID-19) outbreak, this Supplement is issued to all providers who deliver medical services to individuals under the Emergency Medical Services for Aliens (EMSA) program to address the implementation of a temporary process related to EMSA eligibility requirements and claims submission.

1. **ELIGIBILITY REQUIREMENT:**

In accordance with the maintenance of effort (MOE) requirement of the federal Families First Coronavirus Response Act (FFCRA), the Human Services Department/Medical Assistance Division (HSD/MAD) will not terminate eligibility for individuals enrolled in the EMSA category of eligibility from March 18, 2020, through the duration of the National Public Health Emergency. If an EMSA recipient requires emergency medical services during their extended eligibility period, only the medical review is required to determine the necessity of the emergency claim. Per HSD policy, Medicaid providers are required to confirm eligibility each time a service is rendered prior to submitting a claim for payment using one of the following tools:

- NM Web Portal: https://nmmedicaid.portal.conduent.com/static/index/htm
- Medicaid Eligibility Verification System (MEVS) at 1-800-299-7304 or 1-505-246-0710 option 4, then option 1
- Automated Voice Response System (AVRS) at 1-800-820-6901, available 24 hours a day, 7 days a week for checking eligibility.

If an individual does not show up as EMSA eligible in the Medicaid portal, then individuals should apply for EMSA coverage in accordance with the regular process. Providers must complete a MAD 308 and give the completed form to the patient to accompany their HSD 100 application form that must be submitted to the HSD Income Support Division (ISD). An individual can also apply on the YESNM website at www.yes.state.nm.us. The online application provides an option for attaching the MAD 308 form. EMSA

eligibility that is approved by ISD will remain open through the duration of the national public health emergency.

Open eligibility does not mean that a recipient is eligible for all medical services; except as described in Section 2 below, EMSA coverage remains limited to emergency medical treatment as articulated in NMAC 8.325.10 Emergency Medical Services for Aliens and can be found at the following web link:
https://www.hsd.state.nm.us/uploads/files/Providers/New%20Mexico%20Administrative%20Code%20Prog ram%20Rules%20and%20Billing/NMAC%20Program%20Rules/Chapter%20325/8_325_10.pdf

2. EMSA COVERAGE OF COVID-19 TESTING & TESTING-RELATED SERVICES:

The EMSA program will cover the following services related to COVID-19:

- COVID-19 diagnostic testing procedure codes;
- COVID-19 testing-related services that are furnished during a clinic, facility or mobile test site visit; and
- Medically necessary inpatient treatment that meets the parameters for emergency care as outlined in NMAC 8.325.10 (see link above).

The scope of EMSA coverage **does not** include ongoing medical care or treatment for COVID-19, with the exception of emergency medical treatment.

a. COVID-19 Testing Codes & Rates

Below please find the approved codes and Medicaid reimbursement rates for COVID-19 laboratory testing and specimen collection procedures. This code set does not include all covered procedures for testing-related services. If a patient receives a diagnostic x-ray, for example, the x-ray will be covered as a testing-related service. Similarly, HSD will cover Evaluation & Management (E&M) services and other care provided during the course of a visit to the extent that such services were rendered to support the COVID-19 test and/or diagnostic result. New testing codes will be added as they become available. Providers will be notified of any updates.

Please note that HSD is not covering lateral flow testing devices at this time until further evidence is available regarding their effectiveness.

Procedure Code	Description	Medicaid Fee-for- Service (FFS) Payment Rate
Laboratory Tests		
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (e.g., reagent strip)	$17.00
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	$51.33
0099U	Respiratory pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 20 targets (adenovirus, coronavirus, 229e, coronavirus hku1, coronavirus, coronavirus oc43, human metapneumovirus, influenza A, influenza A subtype h3, influenza A subtype h1-20	Manually priced

U0001	CDC 2019 novel coronavirus (2019-ncov) real-time rt-pcr diagnostic panel	$35.92
U0002	2019-ncov coronavirus, sars-cov-2/2019n-cov (COVID-19), any technique, multiple types of subtypes (includes all targets), non-CDC	$51.33
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	$100.00
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	$100.00
Specimen Collection		
G2023	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) (Coronavirus disease [COVID-19]), any specimen source	$25.46
G2024	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS- CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	$25.46

b. Antibody Testing for COVID-19

HSD will only pay for FDA-approved serologic testing that has been shown to be reliable based on independent testing. Once such tests have been reviewed and approved by the Medical Advisory Team, providers will be notified. HSD will maintain a list of the approved serologic tests on its website.

Please note that serological antibody tests **should not** be used as the sole basis for obtaining a COVID-19 diagnosis.

c. Place of Service & Diagnosis Codes

Providers should bill for testing and testing-related services using the same claim forms that are used during their normal course of business. Providers should use Place of Service (POS) code 99 to identify any testing or specimen collection that takes place in an alternative setting (such as a mobile testing site).

Please ensure that COVID-19 diagnosis codes are included on all claims for payment. Refer to guidance from the Centers for Disease Control and Prevention (CDC) regarding appropriate ICD diagnosis codes here: https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf.

3. CLAIM SUBMISSION REQUIREMENTS:

Claims submitted for EMSA recipients with an open eligibility span can be sent directly to the NM Medicaid Fiscal Agent (Conduent). The provider is not required to attach a MAD 310, Notification of Approval of Application for Emergency Medical Services for Aliens, MAD 778, Decision for Emergency Medical Services for Aliens (EMSA) Application or Notice of Case Action (NOCA). In lieu of these documents, providers are required to attach a letter stating:

"The recipient reflects an open-ended Emergency Medical Services for Aliens eligibility span on the Medicaid eligibility verification system for date(s) of service on the claim. Additional eligibility documents are not required. Please process the attached claim."

Providers are required to attach medical records that support the emergency. The required medical review process performed by the NM Third Party Assessor (TPA) will not change.

As noted above, if a recipient does not have an eligibility span on file providers will follow the eligibility process currently required.

Providers may check claim information via the Automated Voice Response System (AVRS). The AVRS automated advanced telephony system technology that reads out a pre-recorded messages to guide the customer through a menu during a phone call and gathers the required information by allowing the caller to choose the correct option by key pressing.

Claim information and check amount inquiries: 1-800-299-7304 or 1-505-246-0710

Monday - Wednesday and **Friday** from 8:00 a.m. - 5:00 p.m. **(Mountain Time)**.
Thursdays the available times are from 8:00 a.m. to 4:00 p.m. **(Mountain Time)**

Please send all questions regarding the information in this Supplement to MADInfo.HSD@state.nm.us